

**Fairfax County Fire and Rescue Department
Fire Prevention Division - Revenue and Records Branch
4100 Chain Bridge Road, 3rd Floor
Fairfax, Virginia 22030
(703) 246-4803**

FREEDOM OF INFORMATION ACT REQUEST FORM

Date _____ **Form may be faxed to Revenue & Records: 703-691-1053**

Per the Freedom of Information Act (FOIA), I _____,
am requesting information about **Print Requestor's Name**

Ffx Co Street Address(es) / **Property Name**, if applicable

Please note: We are **limited to info currently available** from our Fire Prevention files.

Specific Info being requested:

Contact Info: Fax _____ Phone _____

Company Name _____ Attn _____

Mailing Address _____

City _____ ST _____ ZIP _____

STATEMENT OF AGREEMENT

By submitting this request, I accept these terms:

I agree to pay a research fee, at the rate of \$20.00 per hour, to cover the expense of research and retrieval of any pertinent records. If any additional fees may be incurred, such as the copying of large documents, etc, **I understand** that I will be notified for approval first.

The completion of this request is expected to take approximately five working days from receipt of the request. If unforeseen problems arise, **I understand** that I will be contacted immediately of any delays in fulfilling this request.

Upon completion of this research, I will be billed for the appropriate amount due. **I understand that payment is due within 30 days of billed date.**

Requestor's Signature: _____